LOS ANGELES COUNTY COMMISSION ON HIV

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COMMISSION ON HIV
MEETING MINUTES
December 8, 2005

MEMBERS PRESENT	MEMBERS ABSENT	PUBLIC	HIV/EPI AND OAPP STAFF
Nettie DeAugustine, *Co- Chair*	Al Ballesteros, *Co-Chair*	Donna Brown	Chi-Wai Au
Ruben Acosta	Adrian Aguilar	LaVaughn Crawford	Kyle Baker
Daisy Aguirre	Mario Chavez	Richard Eastman	Trista Bingham
Carla Bailey/Kevin Lewis	Douglas Frye	Shawn Griffin	Gordon Bunch
Anthony Braswell	David Giugni	Miki Jackson	Marcy Fenton
Carrie Broadus	John Griggs	Shirley Lampkin	Patty Gibson
Robert Butler	Ruel Nolledo	Michael O'Conner	Michael Green
Charles Carter	Gloria Pérez	Christian Ramirez	Jacqueline Jackson
Alicia Crews-Rhoden	Wendy Schwartz	Ricki Rosales	Jessica Makin
Whitney Engeran	Jonathan Stockton	Steven Ruiz	Mario Pérez
Hugo Farias	Peg Taylor	James Smith	Jacqueline Rurangirwa
William Fuentes		Nick Truong	Gloria Traylor-Young
Terry Goddard		Walter Ward	Diana Vasquez
Elizabeth Gomez		Amy Wohl	Juhua Wu
Jeffrey Goodman			
Richard Hamilton			**COMMISSION STAFF/ CONSULTANTS**
Marcy Kaplan			
Brad Land/Dean Page			Mario Almanza
Anna Long			Gary Garcia
Davyd McCoy			Jane Nachazel
Quentin O'Brien			Glenda Pinney
Everardo Orozco			Elizabeth Ramos
Angelica Palmeros			Doris Reed
Andrew Signey			James Stewart
James Skinner/ Susan McGinnis			Nicole Werner
Kathy Watt			Craig Vincent-Jones
Jocelyn Woodward			
Fariba Younai			

I. CALL TO ORDER: Ms. DeAugustine called the meeting to order at 9:25 am.
A. Roll Call: Mr. Vincent-Jones called the role.

II. APPROVAL OF AGENDA: Mr. Engeran asked that if the Public Policy Committee report could be advanced as he had to leave by 1:00 p.m. Mr. Butler said the Recruitment, Diversity and Bylaws (RD&B) Committee Report could go last. It was agreed to adjust the Committee reports as the meeting progressed.
MOTION #1: Approve the agenda order with changes ***(Passed by Consensus)***.

III. APPROVAL OF MEETING MINUTES:
A. November 14-15, 2005: The minutes were approved. It was noted that people could bring forward changes at a later time if they noted a problem.
MOTION #2: Approve the minutes from the November 14-15, 2005 Commission on HIV Annual Meeting ***(Passed by Consensus)***.

IV. PARLIAMENTARY TRAINING: Mr. Stewart reminded everyone that:
A. Comprehensive Parliamentary Training: Following the Commission meeting on January 12, 2006, there will be a parliamentary training for all of the Commissioners. It will be more extensive than the one given as part of the orientation. Lunch will be served between the Commission meeting and the training.
B. Co-Chairs/Leadership Training: On February 27, 2006, following the Executive Committee meeting, there will be a special training for the Commission and Committee Co-Chairs. By this time the Commission will have elected its new Co-Chairs and the Committees their Co-Chairs. Ms. DeAugustine noted that, at the statewide AIDS Directors meeting in Sacramento, there was a long conversation about the importance of planning council development. She and Mr. Perez noted how much the Commission had matured. She added that it was important for the federal government to hear such success stories instead of only hearing about dysfunctional bodies.

V. PUBLIC COMMENT, NON-AGENDIZED: There were no comments from the public.

VI. COMMISSION COMMENT, NON-AGENDIZED:
- Mr. Land complimented the staff's support of the Annual Meeting and how well they captured the discussions.
- Mr. Land reported that OAPP acknowledged their planning partners except the Commission at their World AIDS Day event, and he was offended by it. He recommended the Commission sponsor its own event for the 2006 World AIDS Day.

VII. PUBLIC/COMMISSION COMMENT FOLLOW-UP:
A. Proposed YR 16 Contract Reductions: Mr. Vincent-Jones reported no new news on this matter.

VIII. CO-CHAIRS' REPORT:
A. Co-Chair Nominations: Ms. DeAugustine noted there had been Co-Chair elections in August or September in the process of reconstituting the Commission. While she and Mr. Ballesteros were re-elected as the Co-Chairs, they accepted with the caveat that they would only serve until January when the regular terms would begin. Consequently, noting she will not run again, she opened nominations for the January elections. Mr. Stewart noted that one co-chair must be HIV+ and one must be a person of color. The Commission has also committed to strive for gender diversity. He added that one could nominate him/herself. Mr. Vincent-Jones noted that a proposed Commission Co-Chair duty statement is being brought forward today by RD&B that could be of value in informing selections. He added that, in order to begin staggering terms, one co-chair will serve a one-year term and the other a two-year term. The following Commissioners were nominated with the proviso that additional nominations would be accepted until the January elections:
- **Carla Bailey**
- **Al Ballesteros** was nominated, but several members reported that he had said he did not intend to run. Since he was not at the meeting, they agreed to check with him.
- **Tony Braswell**
- **Alicia Crews-Rhodan**
- **Whitney Engeran**
- **Brad Land**
- **Angelica Palmeros** was nominated, but declined.

B. Executive Committee At-Large Nominations: Ms. DeAugustine opened nominations for the three Executive Committee At-Large seats. She added that people can be nominated for both the Co-Chair and At-Large positions.

- **Richard Hamilton**
- **Nettie DeAugustine**
- **Charles Carter**
- **Jeffrey Goodman**
- **Alicia Crews-Rhodan**
- **Andrew Signey**
- **Hugo Farias** was nominated, but declined.
- **Al Ballesteros**

C. Medicare Part D Implementation: Mr. Vincent-Jones noted that the Commission had instructed Commission staff and OAPP to bring recommendations for responding to the implementation of Medicare Part D to the December meeting. The memorandum reflects joint recommendations developed through Commission and Committee meetings as well as discussions with experts locally and statewide. Training, allocations and advocacy are areas of focus.

- OAPP will offer extensive training to providers, with four to six in-office trainings and education of providers regarding how to maximize Medi-Cal prescription services during the transition. The State Office of AIDS has also sponsored training for ADAP providers.
- It was also recommended that the Commission direct the Standards of Care (SOC) Committee to better define "Benefits Counseling" related to the case management and client advocacy standards and direct the Minority AIDS Initiative (MAI) Subcommittee to integrate potential Medicare Part D costs into their client advocacy recommendations.
- ADAP will be reimbursing deductibles, co-payments and co-insurance.
- Reimbursement of premiums is not covered by ADAP. It would, however, be extremely difficult for OAPP and the Commission to develop their own equitable means of reimbursement for premiums. Meanwhile, over two dozen available plans in LA County are not charging premiums and others charge very little. It is recommended that the Commission continue to monitor the impact of premiums, and instructed SOC develop a standard for "Direct Emergency Financial Assistance" as a cost recovery mechanism in case premiums must be reimbursed in the future.
- Instead of direct premium support, it is recommended that OAPP and the Commission advocate for increased CARE HIPP support.
- So far as is known, Title I cannot be used to reimburse the Part D share of cost. Most likely to be of concern to Medicare/Medi-Cal-eligible clients will be the added costs of medications not covered by ADAP and the loss of auxiliary services like Denti-Cal.
- The Commission recommended OAPP explore expansion of the Local Prescription Program (LPP) formulary to include some medications not covered by ADAP but eligible under Title I. After the Title I award is received, the Medical outpatient allocation should also be reviewed by the Commission to ensure sufficient funds are available for LPP.
- The Commission should also review the Oral Health Care allocation to ensure sufficient funds to cover those who may have lost DentiCal.
- The SOC Committee will be responsible for monitoring potential share of cost burdens on clients.
- The Commission and OAPP recommend joint work to advocate for a BOS resolution or letter calling for increased CARE HIPP funding to cover Medicare Part D cost recovery efforts.
- The SOC and Finance Committees, in collaboration with OAPP, are recommended to maintain oversight of Medicare Part D implementation and report in June 2006 regarding other possible recommendations for 2007.
- Mr. Land asked if cost-of-living could be addressed since the federal standard has not been updated since 1974. He noted that share-of cost is based on cost-of-living, which is artificially low for California. Mr. Vincent-Jones responded that Title I funds cannot be used for share-of-cost. Mr. Land recommended the subject be a focus of advocacy. Mr. O'Brien recommended joining with other groups to jointly call for a cost-of-living increase. That would both address the issue and support common cause with other advocacy groups. It was agreed that Public Policy would address the subject.
- Mr. Butler raised two points: 1) He noted an equity issue in paying premiums for insurance given that many programs are free, and 2) he noted that Delta Dental has a program for about $150 a year that covers essentially what Medi-Cal would have covered. He asked if that would be something CARE HIPP might cover. It was agreed to look into it.
- Ms. Broadus emphasized inter-committee communication as the MAI Subcommittee will need information from both SOC and Finance to address its responsibilities.

- Ms. Broadus said allocation enhancement will be difficult considering limited funds. Several years ago, LA Care allocated over $1 million dollars for oral health, but only one provider applied. She noted LA Care is now in the midst of its strategic planning for its community investment fund, yet there has been no outreach to them. Mr. Vincent-Jones noted that, while partnerships are valued, the speed of Medicare Part D implementation requires institutions to mitigate the impact quickly if necessary.
- Ms. Broadus noted that Medi-Cal is also used for medical outpatient and wondered who monitors use of CARE Act funds as last resort. Mr. Perez responded that OAPP does and helps providers improve their screening of clients to ensure that the Medi-Cal eligible receive those resources. He added that most local providers do well in Medi-Cal screening, though some smaller provides still have room for improvement.
- Mr. Goodman expressed concern about Medicare formularies, especially for those at 150% of the Federal Poverty Level (FPL). While some programs may be less expensive, they may not offer needed medications and people can be locked into a plan for a year. He also was concerned about the effect of share-of-cost on oral health needs.
- Ms. Watt recommended that clients be encouraged to stock up on needed ADAP medications before the deadline. She noted medication exchanges assisted clients to acquire what was needed in the past.
- Ms. Bailey suggested checking with one's pharmacist. She said that she heard there were 47 plans are available in Los Angeles County of which 11 work for PWLH/A.
- Mr. Butler attended the Managing Scarcity Conference on December 6-7 in West Hollywood along with representatives from the State Office of AIDS (OA), Project Inform, San Francisco's AIDS Project and many others. There were several agreed upon points: ensure that Medicare clients sign up for ADAP and keep it current; ensure Medi-Cal adjudication, regardless of outcome, for every PWLH/A; OA is focusing on transition issues, e.g., they have not yet received the list of Medicare eligible; the OA is also advocating for federal extension of the plan selection deadline to March.
- Mr. O'Brien noted that Medicare-only clients have voluntary participation in Plan D. While ADAP will be transitioning them to Plan D, time is available to choose wisely. He also noted that while many pharmacies are excellent and patient-centered, there is a profit motive involved as well, so people should be aware of that. He emphasized the importance of helping people navigate the complex process of selecting the proper plan.
- Ms. Jackson, from AIDS Healthcare Foundation, said the ultimate solution will have to be political. She met Senator Harkin on his recent visit and he believed that the program would not stand up, but would hurt many before it failed. She said seniors have been besieging their representatives with demands that the program be delayed, emphasizing that there is insufficient time to select a plan and the website to assist with that is inadequate. She recommended joining with them.

MOTION #3 ***(Engeran/Broadus)***: Approve the Medicare Part D implementation plan and recommendations as amended to expand the scope of the MAI Subcommittee under Recommendation #4 to include ongoing planning as well as client advocacy ***(Passed by Consensus)***.

IX. EXECUTIVE DIRECTOR'S REPORT: There was no report.

X. PREVENTION PLANNING COMMITTEE REPORT: Ms. Watt noted that the PPC's next meeting would be Friday, December 16th.

XI. TASK FORCE REPORTS: Mr. Vincent-Jones noted that regular Task Force reporting had been added to the agenda. The Commission has three Task Forces itself, being introduced today. There are also several community task forces.

A. Commission Task Forces:

1. *Health System Task Force:* Mr. Braswell, Co-Chair, said the Task Force is working on three projects currently: 1) bring together the profit and non-profit sectors; 2) improve the picture of HIV/AIDS in Los Angeles County by incorporating data from multiple sectors rather than only HIV/AIDS providers, and; 3) develop strategies for better collaborative services. A joint counseling/testing project with OAPP was being worked on for Counseling and Testing week in June. The framework and mission statement are in the packet. Ms. Broadus commented that member selection seemed to be arbitrary. Mr. Vincent-Jones responded that providers that represent larger health systems public or private health systems were included, but not necessarily all health systems. He added that membership can always be expanded. Mr. Goodman requested that a consumer member be added. All membership issues would be referred to Task Force co-chairs.
2. *HIV Housing Collaborative:* Mr. Vincent-Jones noted that in April 2002, the Commission voted to initiate an ongoing communications vehicle between HOPWA, the CARE Act administrative mechanism and other housing service funding sources, both city and county. The BOS Strategic Plan identifies the Special Needs Housing Alliance which includes

addressing the housing needs of PLWH/A. A draft framework is in the packet. Mr. Goodman also requested a consumer member for this task force. The request was referred to the Task Force, as it does not have Co-Chairs identified yet.

3. *Cross-Title Collaborative*: The group focuses on enhancing communication among CARE Act grantees in LA County, and their resulting task list was included. Participation in the group is from representatives of direct CARE Act grantees.

B. Community Task Forces: There was no community task force report.

XII. STATE OFFICE OF AIDS REPORT: There was no report.

XIII. OFFICE OF AIDS PROGRAMS AND POLICY (OAPP) REPORT:

A. Year 16 Title I Application: Mr. Green agreed to postpone his presentation of the Title I application until the January 2006 meeting, due to time concerns at the current meeting.

B. Medicare Part D: Mr. Perez noted there would be a letter to all local health jurisdictions regarding Medicare Part D instructions related to screening clients and ADAP applications, ensuring clients are applying for prescription drug plans and have appropriate assistance in doing so, plus information on share-of-cost, deductibles, co-insurance and premiums. He felt Los Angeles County seemed more prepared than other areas and that California is better prepared than other states. There will be trainings on December 16th, 19th and 21st, plus January 4th and 11th. The trainings are intended to help staff to assist clients in negotiating the system. The OA will also provide a training on January 15th in Long Beach.

C. Reauthorization: The rumor is that some Reauthorization draft language is circulating in Washington D.C. The hope was that the bill would be bipartisan and bicameral. The feeling now is that it will be bipartisan, but not bicameral. The understanding is that the draft language is an attempt to maintain the status quo, which would probably be good for California and Los Angeles. A concern is the issue of "epicenter weighting", i.e., whether cases are counted for both Title I and II awards. Not allowing cases to be counted for Title II would result in about a $20 million loss to California, from $31 million to $11 million, which could significantly impact ADAP.

D. CDC Program on African-American Women: Mr. Perez noted there was a question two months ago regarding OAPP's intent to respond to the CDC program to enhance testing and counseling among African-American women. OAPP is partnering with HIV Epidemiology to apply for that grant.

E. Counseling and Testing: OAPP is revisiting the counseling and testing fee-for-service structure. There is a particular focus on ensuring that those who do not identify with a particular risk group are getting tested. He noted that 40% to 66% of women who test HIV+ have no identified risk. Yet, looking at all women in LA County, a relatively small proportion are testing HIV+. OAPP wants to adjust the fee structure so emphasis is shifted from the risk profile to prevalence and incidence data and geography. So, for example, African-American women and Latinas in certain areas of the County would be considered "high risk" regardless of their other risk identifiers. By shifting that emphasis, counseling and testing programs are encouraged to enhance outreach to the impacted communities.

F. California AIDS Directors' Meeting:

- Hepatitis C was discussed extensively, especially regarding testing and how to absorb new clients.
- Integration of STD screening into the HIV system was discussed. The recent syphilis outbreak was an example of the need to reach people at high risk of transmission to partners.
- Crystal meth continues to be an issue at the state level. Senator Laird promised to review the subject more closely and develop a bill to address the problem more comprehensively in California.
- Non-oxynol-9 is now being broadly boycotted.
- Names-reporting was discussed, but Mr. Perez deferred to a discussion on it planned later in the meeting.
- The California Disclosure Assistance Program is receiving a lot of momentum statewide. Response from the seven most impacted jurisdictions to develop a comprehensive plan is building quickly.

XIV. HIV EPIDEMIOLOGY PROGRAM REPORT:

A. LA Men's Survey: Crystal Meth—Trista Bingham presented an update on the survey. She thanked those who assisted in writing the grant. Rather than a research grant, the subject was focused on services and evaluation. Award of the grant for further work has not yet been announced.

- This is the first hard data to document the rise of the crystal meth problem among MSM. About 75% of those offered HIV testing accepted, resulting in 507 tests. Self-reporting covered the period of 12/20/03 to 12/30/04.
- Seven non-injection drugs were utilized by the cohort during the period, with marijuana most frequent and crystal second. Seventy-two percent (72%) of crystal users reported unprotected sex, as opposed to 53% for non-users and 56% overall. Of the 16% of crystal users, over 60% used monthly. Thirty-one percent (31%) of crystal users also used Viagra, as opposed to only 3% of non-crystal users.

- There is racial diversity among crystal users, with 20% of Latinos reporting use and whites second at 15%. Unprotected anal sex is also highest among Latinos at 60% with whites second highest at slightly less. While self-reported HIV prevalence is higher at 27% among crystal users than non-users (11%, there is no way to determine whether HIV+ status preceded or followed crystal use.
- Comparing crystal user's perception of HIV status versus testing: those who thought they were seropositive and tested HIV- were 13%; those who thought they were seropositive and their serostatus was confirmed were 25%; but those who thought they were HIV- or did not know their status, but tested HIV+ were 28%. Latinos, in particular, have a particularly high 59% correlation of crystal use and unknown HIV+ status.
- **Summary**: Crystal use was associated with a higher percentage of Unprotected Anal Intercourse (UAI), Viagra use and newly diagnosed HIV. Prevalence of unrecognized infection in both African-Americans and Latinos is very high. Association between crystal use and new HIV diagnoses for whites and Latinos is alarming.
- Mr. Engeran asked about studies concerning men who do not self-identify as gay or bisexual. Ms. Bingham said another HIV Epi staff person is now conducting a university grant-based study of non-gay-identified African-American men. She is finding it difficult to recruit participants, but focus group discussions have acknowledged crystal use.
- Ms. Broadus asked if any recruitment sites were in South Los Angeles, Compton or Inglewood. Ms. Bingham said this study is part of the National HIV Behavioral Surveillance. An eligible recruitment site must generate at least seven people within a four-hour period who acknowledge sex with an another man in the past 12 months. She did not remember if there was an Inglewood site, though there was a Long Beach site and several in the San Fernando Valley. Ms. Broadus appreciates the data, but noted the site requirement can skew results regarding subpopulations that would not frequent the same venues. Ms. Bingham noted the web-based study might help reach that subpopulation.
- Mr. Goodman applauded the web-based study as he feels that is the biggest venue for crystal use. Ms. DeAugustine said there was a handout at the California AIDS Directors meeting on the Internet and high-risk behavior. She will bring it to the January meeting or email it if she can get it online. Ms. Bingham said their two-month, web-based study will be launched in January, so results should be available soon.
- Mr. O'Brien noted that data drives policy. He finds it difficult to find released data that he can use. Ms. Bingham said she was invited to the APLA World AIDS Day event, it was on KPPC last week and it will be In magazine. She added that she's been in contact with her study colleagues in San Francisco and New York who also have testing data. Not all the sites have testing data. She asked them to look at their data in the same manner and they received similar results. Ms. DeAugustine asked, since the study was national, if data was proprietary to the study. Ms. Bingham said she was authorized to release testing site data.
- Mr. O'Brien would also like to see trend analysis of counseling and testing data. Could the OAPP data be useful for trends even though it asks about "amphetamines" rather than specifically "crystal". Ms. Bingham said she and OAPP staff will be investigating how best to use that data after the holidays.
- Mr. Lewis and Ms. Broadus raised issues of how to identify self-identified heterosexual men infecting women. Ms. Broadus noted that the epidemiological guidelines state that a man who tests HIV+ who had had sex with both another man and a woman known to be HIV+ will be classified as MSM. That approach makes it more difficult to identify where these men are.
- Ms. Broadus recommended that, in addition to crystal meth, ecstasy and crack cocaine ought to be studied as well since they are the predominant drugs in South Los Angeles, Compton and Willowbrook. There has been only one study of which she is aware regarding crack and little came from it regarding transmission.
- Ms. Bingham noted that 20% of the Latino and African-American men identified sex with both men and women, while overall the figure was 13%.
- Mr. Page asked about a heterosexual-focused study. Ms. Bingham responded that the third cycle of the study will have that focus, along with a subset of the study that will address partners.
- James Smith, a member of the public from SPA 1, said that he was made aware of sex parties among young people focused on acquiring HIV. Ms. Bingham noted that this study started at the age of 18, though other studies have different parameters.

B. University AIDS Research Program Study: Dr. Amy Wohl's report was postponed to the January 2006 meeting.

XVI. STANDING COMMITTEE REPORTS:

A. Standards of Care (SOC) Committee: Mr. Braswell referred to the motions in the packet and instructed anyone with comments to submit them within the public comment period.

1. ***Nutrition Support Standards of Care:*** Mr. Braswell presented revisions to the standard resulting from Public Comment.

- It was decided to decline several comments recommending incorporation of food vouchers in the standard because: food vouchers do not offer nutritional quality guarantees (e.g., client benefits cannot be quantified); equity cannot be assured because availability is not consistent; they are not a "supplemental" or "support" service in the sense that "food distribution" is intended; they are not measurable (e.g., nutritional value).
- The value of food vouchers is acknowledged and supported. Not being included in the standard does not prohibit organizations from making them available, nor, for example, their availability at World AIDS Day.
- It was noted that the purpose of this service category was to ensure that clients' nutritional needs are met. The category name was change from "Food Distribution" to "Nutrition Support" better reflects that purpose.
- It was agreed that agencies might collaborate in introducing clients to services so that a client need not necessarily have a separate intake for nutrition support, but might instead be referred by another agency to the service.
- It was agreed that while 100% of the Federal Poverty Level (FPL) is prioritized in general across the standards, Nutrition Support would be increased to 135% in recognition of the Social Security threshold.
- While referral into the service was retained, some form of self-referral was added to the "parking lot" for deeper review during the next iteration of the standard.
- Nutritional supplements are not required, but can be provided. While other items like hygiene products are allowed, CARE Act funds cannot support them.
- In response to a question on differentiation between "initial nutritional intake" and "annual screening", it was noted that the former is more extensive. Providers retain some latitude in determining client screening needs.
- Nutrition education remains at an annual requirement. While recognizing its importance, it was felt that the suggestion to increase the frequency would be prohibitive for many food pantries.
- It was difficult to determine a means to assign nutritional and food caloric standards to food service units. However, the subject was referred to the "parking lot" for additional consideration.
- In response to a question on consumer participation in the expert panel, it was noted that two consumers participated.
- Ms. Broadus complemented the work and, especially, their attention to the 2nd District Coalition concerns about food vouchers. The 2nd District Coalition and Women Alive want to continue to work with the SOC on supporting the value of food vouchers. Ms. DeAugustine, Mr. Engeran and Mr. Hamilton all complemented the standards work.
- Mr. Goodman requested adding a subject to the "parking lot". He felt that housing and medical costs should be added to the calculation for prioritization. For someone who is at 151% of FPL, just 1% over the threshold, it is difficult to make choices between housing, medical costs and food. Mr. Vincent-Jones noted that eligibility for all standards would be reviewed as part of the next round of reviews following this process.

MOTION #4: Adopt the Nutrition Support Standards of Care, as revised and presented ***(Passed by Consensus)***.

2. ***Legal Services Standards of Care***: Mr. Braswell reported that action on this standard was being postponed until feedback was received from County Counsel on some HIPAA-related questions.
   MOTION #5: Adopt the Legal Services Standards of Care, as revised and presented ***(Postponed)***.
3. ***Permanency Planning Standards of Care:*** Mr. Braswell reported that action on this standard was also being postponed for the same reason.
   MOTION #6: Adopt the Permanency Planning Standards of Care, as revised and presented ***(Postponed)***.
4. ***Medical Outpatient Standards of Care***: Dr. Younai introduced the standard and opened it for the Public Comment period that will end on January 3, 2006. Comments can be forwarded to Gary Garcia, Evaluation Manager.
   - Education, prevention, diagnostic and therapeutic services are all encompassed by Medical Outpatient. Many medical studies document the importance of Medical Outpatient care to outcomes. Several studies have documented discrepancies in accessing care for minorities and women which underline the importance of Medical Outpatient standards.
   - Baseline Benchmarks for Outcomes will be determined in a separate review of all the standards. The expert panel carefully reviewed Outcome frequency based on what they do in their own practices and what makes sense from both health care and scientific standards. For that reason, measures vary from six months, to eight months, to annual.
   - It was recognized that all the various professional specialties engaged in providing primary medical care for HIV+ clients must have specialized training, understanding and experience in managing HIV and its complications since it has been documented that experience has an effect on outcome.
   - Basic program requirements are consistent with the other standards. Program specific requirements and guidelines presented are: Tuberculosis (TB) Screening, Post-Exposure Prophylaxis (PEP), State-Mandated HIV Reporting, Patient/Staff/Colleague Communication, Translation/Language Interpreters, and Policy and Procedure Manual.

- Mr. Engeran asked if, since the Rate Study had not yet been completed, this would be aligned with it. Mr. Perez responded that it would. Dr. Younai noted that much of the information has also been available to SOC as the standard was being developed and has already been incorporated. Mr. Engeran also asked if a process has been developed to reconcile any differences between the standards and rate studies. He noted the Residential Rate Study raised questions of that sort. Mr. Vincent-Jones responded that was being addressed in retrospect since the standard had already been done. Medical Outpatient was moved up in the timeline in order to ensure that the rate study and the standards parallel each other.
- Mr. O'Brien expressed concern that the standards might become minimums of care rather than goals. Dr. Younai responded that the standards are meant to be the minimum standards felt to be practical by agencies providing services. The expert panel determined standards with which they believe are reasonable and effective. Agencies are certainly encouraged to exceed the standards whenever possible. Mr. Vincent-Jones said it was important not to think of standards as a local default to the lowest common denominator. The minimums are always discussed at length and vary considerably. Sometimes they are higher than that what is currently practiced. At other times they take into account what is practical and feasible, what is really needed, and what provider flexibility is available.
- Mr. Perez said it was important to compare the minimum with what the Commission would most prefer. It should be kept in mind that the rate structure will have to be tied to whatever the standards are. He felt it important not to establish a minimum as a permissible default but, rather, to continue to raise the standard.
- Mr. Perez noted that syphilis screening is required once a year. He asked if there is a plan to provide different requirements for different groups. For example, he noted, OAPP encourages providers to screen gay men twice a year for syphilis. Dr. Younai responded that was not discussed in the panel.
- Mr. Perez also asked if a standard around rectal screening for gonorrhea was discussed. Mr. Braswell said it was. The decision for both syphilis and gonorrhea screening was to retain the overall minimum with the understanding that more frequent screening might be needed in certain circumstances. Determination of when to order more frequent screening was left to the discretion of the provider. Dr. Younai noted that risk assessment is expected at every visit.
- Ms. Watt asked where substance use, as opposed to substance abuse, is addressed. She did not note it specified in staffing requirements and did not find it covered in the Intake Form. Dr. Younai responded that substance use and frequency were covered in the Initial Assessment by the primary provider as part of the psychosocial history.
- Mr. Vincent-Jones added that, as the standards are being opened for Public Comment. Ms. Watt could suggest improvements. Mr. Braswell added that it was always best to give specific suggestions of alternate language, if desired, rather than just, "That doesn't work." He added that it would be helpful in this instance, for example, to compare suggestions with the Substance Abuse service categories in order to help tie all the standards together. Ms. Palmeros responded that, as a Medical Social Worker, part of her job is to assess substance use and mental health.

5. ***Medical Specialty Standards of Care****:* Dr. Younai introduced the standard and opened it for the Public Comment period that will end on January 3, 2006. Comments can be forwarded to Gary Garcia, Evaluation Manager.
   - Recognized referral specialties are identified to prevent and treat opportunistic infection, and to promote optimal health through a multi-disciplinary approach to care. The background for the importance of these standards is similar to that of Medical Outpatient. The consulting nature of this service to Medical Outpatient services is a key factor, including Memoranda of Understanding (MOU) between the primary service providers and the specialist providers, and routine monitoring of care.
   - Outcomes are related to the number of consultation services and the percentage of clients that have been served. Coordination of Care and Satisfaction with care of both clients and clinicians has been set at 80%.
   - As with the Medical Outpatient Standards, experience with HIV/AIDS is required, as well as board certification and license maintenance. The number of visits or evaluations, or CPT codes for procedures identifies Units of Service. Program Requirements and Guidelines mirror those for the Medical Outpatient Standards.
   - Mr. O'Brien asked if the Public Comment period might be extended since these standards are so central. Ms. DeAugustine noted the Commission can extend the time, if desired, when the standards are brought back.
6. ***Timeline: Standards Development Process****:* Mr. Braswell called attention to the timeline in the packet. He noted that the Committee was approximately halfway through the process. He also noted the Policy and Procedure governing implementation of the standards of care. That is also open for Public Comment and will be brought forward for a vote at the January 2006 meeting.

B. Finance Committee:

1. ***Committee Budgeting Process:*** Mr. O'Brien and Ms. Bailey presented the proposed Committee Budgeting Policy and Procedure.
   - Forms are in the packet and should be completed by January for both an accelerated committee process for this year's budget, due to begin March 2006, and for next year's budget, due to begin March 2007. Committees and staff will be working on both years concurrently.
   - Committee budgets will ordinarily reflect actual work plans, but plans will not be available for this year's process.
   - Committee budgets will include detail of anticipated expenses, including justifications for their planned activities. Operating and personnel expenses will be incorporated into the forms for committees by staff.
   - In January, the Finance Committee will review committee budgets for redundancies and practicality. All the committee budgets will be consolidated at that time.
   - In February, the Executive Committee determines content decisions, scope and size of the budget, identification of alternate/additional resources, and incorporation of staffing requirements from the Executive Director.
   - In March, the Executive Committee returns the revised budget to the Finance Committee for use in the allocation-setting process.
   - In April, the Commission approves/modifies the budget in accordance with the final Title I award.
   - Staff will use the approved Commission budget to prepare the County budget for the Executive Office and to help prepare the planning council budget for the Title I application.
   - Staff will present Commission expenditure monthly to the Finance Committee and quarterly to the Commission.
   - The revised Finance Committee Manual is in the packet.
   - Mr. Engeran asked if last year's figures would be available for comparative review. Mr. Vincent-Jones said that was discussed in the Committee. The problem is that last year there was only a consolidated budget, so individual committee budgets have to be estimated. Next year, the data from this year will provide more detail for the process.
2. ***Years 12-13 AAM Follow-Up***: Mr. O'Brien presented the consolidated Year 12-13 AAM Follow-Up Status Report. Ms. Broadus asked if there was sufficient time to review the information. Mr. Vincent-Jones responded that there was no new information but, rather, a new format that consolidates items from the two previous years' Assessments into a continuous status document. This was done to better track items, particularly multi-year items, and to improve readability. What is really being presented for a vote is the format since the recommendations were previously approved in the prior format.
   MOTION #7: Adopt the recommendations from the Years 12 and 13 Assessments of the Administrative Mechanism, and the consolidated monitoring and follow-up format, as presented ***(Passed by Consensus)***.
3. ***Financial Reports***: Ms. Bailey reported that Title I expenditures through August 2005 reflect two delinquent agencies. Title I expenditures are about $15 million out of the approximately $36 million award. Title II expenditures are about $1.2 million out of the approximately $3.4 million award.

C. Recruitment, Diversity and Bylaws (RD&B) Committee: The December meeting has been cancelled. The next meeting will be January 25, 2006.

1. ***Member Nominations: Jan King, M.D.***: Dr. King's nomination was presented.
   MOTION #8: Nominate Jan King, M.D., for the Title II seat and forward her candidacy to the Board of Supervisors for appointment ***(Passed by Consensus)***.
2. ***Priority- and Allocation-Setting Policy***: Mr. Butler noted the Public Comment period closed at the meeting. There were no changes except to add a couple of definitions
   MOTION #9: Approve the Priority- and Allocation-Setting Process and Framework policy and procedure, as revised and presented ***(Passed by Consensus)***.
3. ***Conflict of Interest Policy:*** Mr. Butler noted this policy was discussed extensively at the Annual Meeting.
   - Ms. Broadus noted a typo regarding gender around the "1090" area such that the feminine references were noted in one area and not another. It was agreed to correct the inconsistency.
   - Mr. Vincent-Jones noted that County Counsel has reviewed and approved the policy. Mr. Vincent-Jones added that the language has been cleaned up, with a couple of superfluous definitions removed and abstention/recusal being clarified. County Counsel considers them essentially the same, though with recusal a person removes him/herself from the process entirely, while with abstention a person only removes him/herself from the actual vote. Recusal can be of value if a person has no legal safe harbor from conflict of interest. Ms. Broadus asks if a person recusing him/herself must leave the room. It was clarified that the person only need leave the table and can still speak as a member of the public.

- Mr. Acosta asked if Commissioners should sign a form committing to the policy. Mr. Vincent-Jones responded that that is part of the application package. Mr. Stewart added that it is part of the oath of office as well.

MOTION #10: Approve the Conflict of Interest policy and procedure, as revised and presented ***(Passed by Consensus)***.

4. ***Standards Implementation Policy***: Mr. Butler opened this policy for Public Comment. It will be presented for a vote at the January 2006 meeting.
5. ***Committee Budgeting Policy***: Mr. Butler opened this policy for Public Comment. It will be presented for a vote at the January 2006 meeting.
6. ***Officer Job Descriptions****:* Mr. Butler opened these job descriptions for Public Comment. They will be presented for a vote at the January 2006 meeting. Ms. Broadus noted the policy makes one year of Commission experience a prerequisite for the Commission Co-chair positions. Because that would institute a new rule, some of those nominated earlier in the meeting might not qualify for the seats to which they were nominated. Mr. Stewart responded that elections would be held first at the January meeting, under the current rules, so there would be no conflict regardless of whether or not the descriptions are accepted.
7. ***Member Job Descriptions****:* Mr. Butler opened these job descriptions for Public Comment. They will be presented for a vote at the January 2006 meeting. Mr. Butler noted that, while community members might request any number of other activities on the part of Commissioners, the duties as described are those that are requisite. Other duties assumed are at the member's discretion. Mr. Vincent-Jones encouraged people to pay particular attention to descriptions of their own seats, since the incumbent will have the most current knowledge of it.

D. Priorities and Planning (P&P) Committee:

1. ***Year 17 Priority- and Allocation-Setting***: Mr. Land thanked the P&P Committee for all the hours this process requires. He thanked the Finance and Standards of Care Committees for participating in the joint November meeting with P&P to begin the process. He also thanked OAPP, Michael Green, Patty Gibson, Diana Vasquez and the stakeholders who participated. The work is now being brought forward for approval of the process, framework and timeline, funding scenarios and paradigms and operating values.
   - Included at the end of the P&P packet materials is a Commissioner Pledge of support and commitment to the process. All Commissioners are expected to complete and turn in the form.
   - In November, the framework, funding scenarios, and paradigms and operating values were selected. The HIV Care Assessment Project (H-CAP) was also concluded.
   - In December, Finance begins to gather data on other streams of funding, Commissioners sign pledge forms, and Year 14-15 data for the Service Category Summary Sheets (SCSS) begins to be compiled.
   - In January, SPN provider forums are being held, the semi-annual HIV Epidemiology report is provided, needs assessment data is presented to P&P and provided for SCSS, and Finance develops a resource inventory.
   - In February, the Commission approves the needs assessment, the SCSS are completed, P&P finalizes all input, special population analysis is completed, and P&P sets priorities using the Change and Comparability Matrices.
   - In March, the Commission approves the priorities; P&P begins work on "How Best to Meet the Need" and "Other Factors to be Considered"; the Program Support, MAI and GEN Subcommittees present recommendations; Finance reviews the resource inventory, planning council support budget, and allocations for MAI, program support and services.
   - In April, the Commission approves final allocations, as well as recommendations, guidance and expectations for "How Best to Meet the Need" and "Other Factors to be Considered".
   - This year's scenarios are for: Scenario # 1, 5% or more; Scenario #2, for an increase or decrease of up to 4.9%; and Scenario #3, for a reduction of 5% or more.
   - Paradigms and Operating Values remained throughout the scenarios. The Commission is the only California planning council to have utilized this process for three priorities- and allocation-setting cycles. The paradigms selected are: utilitarianism, equity and retributive justice. Operating values selected are: quality of data (revised from quality of care), beneficence, efficiency and access.
   - Mr. Vincent-Jones asked if a refresher course on paradigms and operating values would be of value. Ms. Broadus said yes. Ms. DeAugustine said the Executive Committee would look at.

   MOTION #11: Approve the proposed Year 17 Priority- and Allocation-Setting process, framework and timeline, funding scenarios and paradigms and operating values, as presented ***(Passed by Consensus)***.
2. ***Comprehensive Care Plan***: There was no report.

E. Public Policy Committee:

1. ***Commercial Sex Venue (CSV) Regulations**:* The DHS regulations have been released. A copy of the regulations and the Public Health memorandum to CVS owners are in the packet. The City of Los Angeles passed enabling legislation several months ago. The Committee will be reviewing the material and encourages anyone with questions or concerns to bring them to the Committee.
2. ***CARE Act Reauthorization**:* There was nothing new to report.
3. ***Name-Based HIV Reporting**:* It appears the legislation is moving towards a vote, either with the current legislation or with a revised version, in January. Objections of the Gay and Lesbian Caucus have mostly been overcome and it appears there is fairly widespread support. Because the CARE Act has not yet been reauthorized, current statute pertains. Even if the bill is passed in January with an urgency clause, it will take significant time for California data to meet federal guidelines. The hope is some form of phase-in will be included in the reauthorized CARE Act.
4. ***Public Policy Issues Docket**:* The current docket was included in the packet.

F. Ad Hoc Strategic Planning Committee: There was no report.

XVII. ANNOUNCEMENTS:

- Ms. Watt encouraged people to pay particular attention to the section of Ms. Bingham's report regarding crystal and Viagra. She would like to see some for of information/education to providers on the subject. It was agreed that would be valuable.

XVIII. ADJOURNMENT: The meeting was adjourned at 1:15 pm.

A. Roll Call: End-of-the meeting roll call was not taken.

MOTION AND VOTING SUMMARY		
MOTION #1: Approve the Agenda Order with Public Policy moved to top and RD&B to bottom of committee reports.	***Passed by Consensus***	**MOTION PASSED**
MOTION #2: Approve the minutes from the November 14-15, 2005 Commission on HIV Annual Meeting.	***Passed by Consensus***	**MOTION PASSED**
MOTION #3: ***(Engeran/Broadus)***: Approve the Medicare Part D implementation plan and recommendations as amended to expand the scope of the MAI Subcommittee under Recommendation #4 to include ongoing planning as well as client advocacy.	***Passed by Consensus***	**MOTION PASSED**
MOTION #4: Adopt the Nutrition Support Standards of Care, as revised and presented.	***Passed by Consensus***	**MOTION PASSED**
MOTION #5: Adopt the Legal Services Standards of Care, as revised and presented.	***Postponed***	**MOTION POSTPONED UNTIL JANUARY**
MOTION #6: Adopt the Permanency Planning Standards of Care, as revised and presented.	***Postponed***	**MOTION POSTPONED UNTIL JANUARY**
MOTION #7: Adopt the recommendations from the Years 12 and 13 Assessments of the Administrative Mechanism, and the consolidated monitoring and follow-up format, as presented.	***Passed by Consensus***	**MOTION PASSED**
MOTION #8: Nominate Jan King, M.D., for the Title II seat and forward her candidacy to the Board of Supervisors for appointment.	***Passed by Consensus***	**MOTION PASSED**
MOTION #9: Approve the Priority- and Allocation-Setting Process and Framework policy and procedure, as revised and presented.	***Passed by Consensus***	**MOTION PASSED**
MOTION #10: Approve the Conflict of Interest policy and procedure, as revised and presented.	***Passed by Consensus***	**MOTION PASSED**
MOTION #11: Approve the proposed Year 17 Priority- and Allocation-Setting process, framework and timeline, funding scenarios and paradigms and operating values, as presented.	***Passed by Consensus***	**MOTION PASSED**